- Strengthening of District Hospitals, Community Health centres, Primary Health Care centres and Sub-centres to provide basic essential maternal and child health care.
- Provision of 24 hours service in Primary Health Care centres and Skilled Attendance at Birth.
- Strengthening of CHCs for first referral care -Provision of Emergency Obstetric and Neonatal Care at FRUs & Training of MBBS Doctors in Life Saving Anesthetics Skills for Emergency Obstetric Care.
- Supplementary nutrition to pregnant and lactating mothers.
- National nutrition anaemia prophylaxis programme.
- Essential newborn care (care at birth - protection from hypothermia -provision of warmth, cord care - protection from infection and early initiation of breastfeeding).
- Immunisation.
- Infant and young Child Feeding (Exclusive breastfeeding for 6 months & timely introduction of complimentary feeding).
- Vitamin A+ supplementation.
- Iron and Folic Acid supplementation.
- Integrated Management of Neonatal and Childhood Illness (IMNCI), early detection and appropriate management of Acute Respiratory Infection (ARI), Diarrhoea and other infections among new born and under five children.

Statement

National Family Health Survey-III (2005-06) the percentage of Basic Health Care Services being provided

i) 60% children with diarrhoea were taken to a health facility and 43% were treated with Oral Rehydration Therapy (ORT).

ii) 69% of children with symptoms of Acute Respiratory Infection were taken to a health facility and 13 % received antibiotics.

iii) 46.6 % of deliveries were assisted by health personnel.

iv) 76.4% of pregnant women had at least one Antenatal check up visits and 52.0% had three or more antenatal check up visits.

v) 38.7 % deliveries occurred at health facility.

vi) The coverage of individual vaccines have increased considerably with 78% of infants receiving the BCG, and 55.3% receiving first dose of DPT and all three doses of Polio vaccine being received by 78.2% of children and 58.8% of children having received measles vaccine.

Achievement of target fixed for NRHM

†1332. SHRI PRABHAT JHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

†Original notice of the question was received in Hindi

(a) whether it is a fact that the National Rural Health Mission has failed to achieve its targets due to the shortage of about seventy per cent doctors in the rural areas of the country;

(b) whether it is also a fact that a large number of the sanctioned posts of specialist doctors are lying vacant;

(c) if so, the reasons for not making appointments against these sanctioned posts;

(d) the details of the targets fixed by Government for implementation of this scheme; and

(e) in view of the large scale of vacant posts of the specialist doctors how this target will be achieved?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir. Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States. As reported by States (August 2008) a total of 10489 medical doctors, 2231 Specialists have also been engaged on contract under NRHM thus significantly adding to the numbers of doctors and specialists in the rural health care system.

(b) to (c) States Governments appoint doctors against sanctioned posts. They have been directed to fill up existing vacancies.

(d) NRHM has clearly articulated Timelines for achievement, a copy of which is given in the Statement.

(e) The regular staff is being appointed by the State Government. However, to bridge the gap between the required and existing staff, the staff is being appointed on contract basis under NRHM, by the States and on their plans.

Statement

Timeline for NRHM activities

S.No.	Activity	Phasing and time line	Outcome Monitoring
1	2	3	4
1	Fully trained Accredited Social Health Activist (ASHA) for every 1000 population/large.	50% by 2007 100% by 2008	Quarterly Progress Report
2	Village Health and Sanitation Committee constituted in over 6 lakh villages and untied grants provided to them.	30% by 2007 100% by 2008	Quarterly Progress Report
3	2 ANM Sub Health Centres strengthened established to provide service guarantees as per IPHS, in 1,75000 places.	30% by 2007 60% by 2009 100% by 2010	Annual Facility Surveys External assessments

1	2	3	4
4	30,000 PHCs strengthened/established with 3 Staff Nurses to provide service guarantees as per IPHS.	30% by 2007 60% by 2009 100% by 2010	Annual Facility Surveys External assessments
5	6500 CHCs strengthened/ established with 7 Specialists and 9 Staff Nurses to provide service guarantees as per IPHS.	30% by 2007 50% by 2009 100% by 2010	Annual Facility Surveys External assessments
6	1800 Taluka/ Sub Divisional Hospitals strengthened to provide quality health services.	30% by 2007 100% by 2010	Annual Facility Surveys External assessments
7	600 District Hospitals strengthened to provide quality health services.	30% by 2007 60% by 2009 100% by 2010	Annual Facility Surveys External assessments
8	Rogi Kalyan Samitis/Hospital Development Committees established in all CHCs/Sub Divisional Hospitals/ District Hospitals.	50% by 2007 100% by 2009	Annual Facility Surveys External assessments
9	District Health Action Plan 2005-201 2 prepared by each district of the country.	50% by 2007 100% by 2008	Annual Facility Surveys External assessments
10	Untied grants provided to each Village Health and Sanitation Committee, Sub Centre, PHC, CHC to promote local health action.	50% by 2007 100% by 2008	Independent assessments. Quarterly Progress reports.
11	Annual maintenance grant provided to every Sub Centre, PHC, CHC and one time support to RKSs at Sub Divisional/ District Hospitals.	50% by 2007 100% by 2008	Independent assessments. Quarterly Progress Reports.
12	State and District Health Society established and fully management skills.	50% by 2007 100% by 2008 functional with requisite	Independent assessment.
13	Systems of community monitoring put in place.	50% by 2007 100% by 2008.	Independent assessment.
14	Procurement and logistics streamlined to ensure availability of drugs and medicines at Sub Centres/PHCs/CHCs.	50% by 2007 100% by 2008.	External assessment.

1	2	3	4
15	SHCs/PHCs/CHCs/Sub Divisional Hospitals/District Hospitals fully equipped to develop intra health sector convergence, coordination and service guarantees for family welfare, vector borne disease programmes, TB, HIV/AIDS, etc.	30% by 2007 50% by 2008 70% by 2009 100% by 2010	Annual Facility Surveys. Independent assessments.
16	District Health Plan reflects the convergence with wider determinants of health like drinking water, sanitation, women's empowerment, child development, adolescents, school education, female literacy, etc.	30% by 2007 60% by 2008 100% by 2009	Appraisal process. Independent assessment
17	Facility and household surveys carried out in each and every district of the country.	50% by 2007 100% by 2008	Independent assessment.
18	Annual State and District specific Public Report on Health published	30% by 2008 60% by 2009 100% by 2010	Independent assessment.
19	Institution-wise assessment of performance against assured service guarantees carried out.	30% by 2008 60% by 2009 100% by 2010	Independent assessment
20	Mobile Medical Units provided to each district of the country.	30% by 2007 60% by 2008 100% by 2009	Quarterly Progress Report

Food and drug testing laboratories

1333. SHRI N. BALAGANGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of places in the country where food and drug testing laboratories are set up, State-wise;

(b) whether there is also a proposal to set up more such laboratories during the current Five Year Plan period; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) A Statement containing the list of Central Food and Drugs Testing Laboratories is given (See below).

(b) and (c) No, Sir. As far as the Central Government is concerned, there are no immediate plans to establish more such laboratories. However, up-gradation of facilities of food and drugs testing laboratories is a continuous and ongoing process, depending on the needs of particular laboratories.